## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000061308

THE BEN TOBIN COMPANIES, INC.

Principal Place of Business	Mailing Address
1101 HILLCREST DRIVE HOLLYWOOD FL 33021	1101 HILLCREST DRIVE HOLLYWOOD FL 33021

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90038 002 \*\*\*150.00



1101 HILLCREST DRIVE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021					DO NOT WRITE IN THIS SP	DO NOT WRITE IN THIS SPACE			
					<ol> <li>Date Incorporated or Qualifed 08/04/1995</li> </ol>				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Appl	lied For		
21	<b>V-</b>	26			59-3332841	Not	Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				8.75 Ad	Iditional		
22		27			5. Certifcate of Status Desired	Fee Req	uired		
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> M Added to			
23	Country	28	Count	0/			1003		
Zip <b>24</b>	Country . 25	Zip [3	30	y	This corporation owes the current year Intang     Personal Property Tax.		⊒Nο		
241	9. Name and Address of Current				10. Name and Address of New Registered Age	ent			
			8	1 Nam	ne				
DAMIAN, VINCENT E JR. 80 S.W. 8TH STREET				2 Stree	t Address (P.O. Box Number is Not Acceptable)				
	E 2550		8	3		<del></del>			
	Al FL 33130		L						
***************************************		a short of	8	4 City	FL	35 Zip Co	ode		
44 D	to the provisions of Castions 607 0500	and 607 1508 Florido Statuto	s the aho	Ve-namr	ad corporation submits this statement for the purpose of cha	ngina its n	egistered		
office or n	egistered agent, or both, in the State of	Florida. Such change was au	thorized b	y the co	propration's board of directors. I hereby accept the appointment	ent as regi	stered		
agent. I a	m familiar with, and accept the obligation	ins of, Section 607.0505, Flori	ida Statute	95.					
SIGNATURE	Signature, typed or printed name of registered agent s	and title if applicable (N/ATE)	Registered An	nent signatur	are required when reinstating) DATE				
12.	OFFICERS AND		13.	Jone Organiza	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 12		
TITLE	PO	☐ DELETE	1.1 TITLE			] Change	Addition		
NAME	TOBIN, HERBERT A	<u> </u>	1.2 NAME						
STREET ADDRESS	1101 HILLCREST DRIVE			ET ADDRES	ess l				
	HOLLYWOOD FL		1.4 CITY-						
CITY-ST-ZIP	DS	☐ DELETE	2.1 TITLE			] Change	☐ Addition		
NAME	DAMIAN, VINCENT E JR.		2.2 NAME						
	80 S.W. 8TH STREET, SUITE 25	ξΛ		- ET ADDRES	22				
STREET ADDRESS		JU				•			
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2. 4 City 3.1 TITLE			Change	Addition		
TITLE	SVP NELSON CABOLE		3.1 TITLE				_		
NAME	NELSON, CAROLE		1		200				
STREET ADDRESS	1101 HILLCREST DRIVE			EET ADDRES	200				
CITY-ST-ZIP	HOLLYWOOD FL	☐ DELETE	3.4. CITY			] Change	Addition		
ΠΠLE	AS		4.1 TITLE			Jonange			
NAME	ST. PETER, MARIA		4. 2 NAM						
STREET ADDRESS	1101 HILLCREST DRIVE		1	ET ADDRES	SS				
CITY-ST-ZIP	HOLLYWOOD FL	r÷1	4.4 CITY			Change	☐ Addition		
TITLE	VPTD	☐ DELETE	5.1 TITLE		_	J Change	[] Addition		
NAME	TOBIN, JASON	•	5.2 NAM						
STREET ADDRESS	1101 HILLCREST DRIVE		1	ET ADDRES	iss				
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY			1 22			
TITLE	D	☐ DELETE	6.1 TITLE	•		] Change	Addition		
NAME	TOBIN, MARK		6.2 NAMI	Ē		, a man			
STREET ADDRESS	1101 HILLCREST DRIVE		6.3 STRE	ET ADDRES	ess				
OUTLY OF THE	HOLLYWOOD EL		6.4 CITY	-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an exercise, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR